



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

February 27, 2004

TO: PROSPECTIVE APPLICANTS

SUBJECT: REQUEST FOR APPLICATION (RFA) TCS 04-100
CALIFORNIA PARTNERSHIPS FOR PRIORITY POPULATION –
ADDENDUM NO. 1

On February 6, 2004, the California Department of Health Services, Tobacco Control Section (CDHS/TCS), released RFA 04-100 entitled "California Partnerships for Priority Population." Since the release of the RFA, corrections/changes were made that need to be incorporated into your copy of the RFA.

Listed below are the replacement pages for your copy of the RFA. Please discard the original pages and insert the replacement pages. The strikeout and underline area indicates the changes.

<u>Discard</u>	<u>Insert</u>
15-16	15-16
25-32	25-32
39-40	39-40
59-60	59-60
69	69
72	72
94	94
95	95

TCS has also enclosed the following materials requested at the Information Meeting:

- PowerPoint presentation "Grant Writing Basics and Budget Essentials"
- Attendee sign-in sheets from the Information Meeting

Prospective Applicants
Page 2
February 27, 2004

Additionally, there were questions at the meeting about the CDHS/TCS Website. We have corrected the problem regarding access to the RFA on the website. However, the only template form TCS is providing is the Scope of Work. All other forms should be printed from the RFA and completed as instructed.

We apologize for any inconvenience that these changes may cause.

Should you have any questions regarding this addendum, please contact Josie Powers, Contract Manager, TCS, at (916) 445-5519.

Dileep G. Bal, M.D., Chief
Cancer Control Section

Enclosures

II. GENERAL GRANT APPLICATION INFORMATION

A. Who May Apply

1. California public or private non-profit organizations are eligible to apply for these funds. For applicants claiming private non-profit status, **either** certification from the State of California, Office of Secretary of State, **or** a letter from the Department of the Treasury, Internal Revenue Service (IRS), classifying the applicant administrative agency as a private non-profit **MUST BE INCLUDED** with the submission of the application. The certification application and a sample letter are provided in Appendix A and B.
2. As referenced in H&S Code Section 104440 “LLAs shall be ineligible for awards under the competitive grants program, unless the LLA is a participant within a consortium of community-based organizations or nonprofit organizations.” A consortium application must be composed of two or more organizations.
3. State of California agencies, other than state universities and colleges, are not eligible for these funds.
4. Any agency, with the exception of universities and colleges, that receives funding from, or has an affiliation or contractual relationship with a tobacco company, any of its subsidiaries or parent company, during the term of the grant, is not eligible for funding under this RFA. Agency certification to this effect is required on Attachment ~~408~~. See Appendix C for a partial list of tobacco company subsidiaries.

With regard to universities and colleges, any Principal Investigator who within the last five years from the start date of the grant period, or during the term of the grant, receives funding from, or has an affiliation or contractual relationship with a tobacco company, any of its subsidiaries or parent company, is not eligible for funding under this RFA. The Principal Investigator's certification is required on Attachment ~~408~~. See Appendix C for a partial list of tobacco company subsidiaries.

B. Grant Period and Funding Levels

1. Approximately \$5 million from fiscal year (FY) 2004-05 monies are expected to be available for this RFA. Award amounts are contingent upon the use of multiyear spending authority and available revenues. Funding from (FY) 2004-05 and any subsequent FY is contingent upon available revenues and appropriation by the Legislature and the Governor.
2. Awards are expected to range from \$200,000 - \$400,000 per year for the grant period beginning July 1, 2004, and ending June 30, 2007. **Applications must be for the entire 36-month period.** CDHS/TCS will have the option of renewing

the grant(s) for an additional two years if funds are available and the grantee has performed to the satisfaction of CDHS/TCS.

3. CDHS/TCS reserves the right to fund any or none of the applications submitted in response to this RFA. CDHS/TCS may also waive any immaterial deviation in any application. CDHS/TCS waiver of any immaterial deviation(s) shall not excuse an application from full compliance with the contract terms if a contract is awarded. There is no guarantee that scoring above 75 will result in funding or funding at the level requested.
4. CDHS/TCS reserves the right to withdraw any award if an acceptable Scope of Work (SOW), Budget, Budget Justification, and other CDHS/TCS required forms are not received by CDHS/TCS within 45 calendar days of being negotiated by CDHS/TCS and the awardee.
5. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant agency and will not be reimbursed by CDHS/TCS.
6. CDHS/TCS reserves the right to withdraw any award or negotiate the SOW of any proposed projects or proposed project components.
7. The awardee certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this grant for the acquisition, operation, or maintenance of computer software in violation of copyright laws.
8. CDHS/TCS will send to each awardee, along with the official award notification, a copy of the grant language. Changes to this language will not be negotiated at any time during the negotiation process.

C. Application Submission Requirements

1. Letter of Intent

For the purpose of planning the RFA review process, all prospective applicants must submit a letter notifying CDHS/TCS of its intent to submit an application. This letter is not binding and those submitting a letter may elect not to submit an application. **One (1) signed letter of intent is due in the CDHS/TCS office no later than 5 p.m. on Friday, February 27, 2004.** The letter of intent must be submitted on the applicant's letterhead, signed by an officer of the board or their agent, and state the following: the name and number of RFA under which the application will be submitted, the estimated budget request, and the priority population to be served.

IV. APPLICATION REQUIREMENTS AND INSTRUCTIONS

A. General Requirements

1. Policy Section

The SOW and Budget is to be consistent with the policies and procedures found in the Policy Section of the *Competitive Grantee Administrative and Policy Manual* herein referred to as the Policy Section. The Policy Section is posted on the CDHS/TCS website at: www.dhs.ca.gov/tobacco. As you develop your SOW and Budget, please review the Policy Section and pay particular attention to those policies addressing incentives, promotional items, sponsorship, and lobbying.

2. **READ ALL INSTRUCTIONS CAREFULLY.** Be sure to include all of the information required in this RFA, including all attachments and copies. Re-check the application to ensure completeness.

3. **DO NOT ASSUME** the reviewers have prior knowledge of the past history of the applicant agency or previous TCPs administered by the agency. The responsibility is on the applicant to demonstrate an understanding of the services to be delivered under the intended contract, the capacity of the applicant agency to carry out the services, and the ability to design and carry out efficient services that are reasonably budgeted.

4. **DO NOT PROVIDE ANY MATERIALS THAT ARE NOT REQUESTED.** Any materials submitted that are not requested under this RFA will be discarded prior to application review, including pages that go over the maximum number in specified sections with page limitations.

5. Number each page of the application consecutively.

6. The type font size is to be no less than 12 characters per inch.

7. Folders and binders are **not** desired and will be discarded; securely staple the application in the upper left corner.

8. Attachments 1, 4, 6, 7, and 8 require a signature by the person authorized to legally bind the applicant agency to the commitment outlined in the application. **Allow enough time to obtain these required signatures.**

9. Attachment 4 requires the signature of the tobacco control program project director to complete the Acknowledgement of Communication form.

9.10. Clearly indicate “California Partnerships for Priority Populations RFA TCS 04-100” on the outside of the mailing envelope.

B. Organization of the Application

Present the components of the RFA in the order listed below using the instructions provided on subsequent pages to complete each area.

- 1. Application Cover Sheet (Attachment 1)
- 2. Application Checklist Form (Attachment 2)
- 3. Table of Contents (Attachment 3)
- 4. Narrative and Scope of Work Summary (No Attachment, 10-page maximum for a. and b.)
 - a. Narrative
 - b. Scope of Work Summary
- 5. Coordination
 - a. Communication and Collaboration (2-page maximum)
 - ⇒ ➤ b. Acknowledgement of Communication with CDHS/TCS-Funded Projects Form (Attachment 4)
 - c. Letter from the Evaluation Consultant
- 6. Applicant Capability (No Attachment, 10-page maximum, not including ~~b-d~~ and ~~de~~.)
 - a. Program Experience
 - b. Administrative/Fiscal Experience
 - c. Equipment
 - ~~b-d.~~ Evaluation Experience Profile
 - ~~c.~~ Administrative/Fiscal Experience
 - ~~d.~~ Equipment
 - e. Letters of Reference
- 7. Scope of Work (Attachment 5)
- 8. Budget Justification (No Attachment)
- 9. Additional Required Forms
 - a. Drug-Free Workplace Certification (Attachment 6)
 - b. Agency Documentation Requirements (Attachment 7)
 - c. Proof of Non-Profit Status (No Attachment)
 - d. Certification of Non-Acceptance of Tobacco Funds (Attachment 8)

NOTE: ➤ DENOTES THE DOCUMENT REQUIRES A SIGNATURE BY THE PERSON AUTHORIZED TO BIND THE APPLICANT AGENCY. READ THE DOCUMENTS AND ALLOW TIME TO OBTAIN THE REQUIRED SIGNATURE.

NOTE: ➤ DENOTES THE DOCUMENT REQUIRES THE SIGNATURE OF THE TOBACCO CONTROL PROGRAM PROJECT DIRECTOR COMPLETING THE FORM.

C. Application Criteria and Instructions

1. Application Cover Sheet (Attachment 1)

Item 1: Enter the legal name of the applicant. Fill in the project name. Enter the mailing address, which will appear on any subsequent agreement.

Enter the name of the county in which the applicant's headquarters is located.

Item 2: Enter the grant term, July 1, 2004 to June 30, 2007.

Item 3: Enter the Budget amount requested for the entire grant term.

Item 4: Indicate "Statewide" in the location/geographic coverage of the project area.

Item 5: Check the Priority Population group addressed by the application.

Item 6: The applicant official authorized by the agency to sign on behalf of the agency must sign and date the certification statement provided. Also type the name and title of this official.

2. Application Checklist Form (Attachment 2)

The items included on the checklist are **required** to be submitted as part of the application and should be presented in the order noted on this form. If any items are omitted from the application, the application will be considered incomplete and out of compliance with this RFA and **will not** be reviewed. Complete the attached application checklist form to ensure that all application attachments and required components are included.

As a reminder, please submit six (6) additional copies of the Narrative and SOW Summary in addition to the required number of full applications.

3. Table of Contents (Attachment 3)

Applications must have a Table of Contents with page number referenced. Application sections must be presented in the sequence shown on the Application Checklist (Attachment 2).

4. Narrative and Scope of Work Summary = **10-15 POINTS**

(No attachment provided, 10 page maximum)

Criteria:

Funding preference will be given to those applicants that most closely address the criterion below:

- Includes relevant demographic, geographic, and political/cultural characteristics of the chosen priority population group that extends beyond the data provided in this RFA.
- Describes historical, political, economic, and socio-cultural influences that will facilitate or challenge implementation of the project.
- Clearly demonstrates the priority population's needs with respect to the tobacco control interventions proposed by using relevant data sources, such as needs assessments, asset mapping, key informant interviews, public surveys, and focus group data.

- Clearly summarizes objectives and specifies outcomes to result from interventions.
- Includes a strong rationale for the interventions chosen that reflects the current literature and empirical data.
- Provides reasonable, realistic, and appropriate evaluation plans for each objective.

Instructions:

Follow the instructions for completing both a. and b. Both sections (Narrative and Scope of Work Summary) combined must not exceed 10 pages in length.

a. Narrative

For this section, “bring to life” the tobacco issues and experiences facing your chosen priority population group. Discuss and describe the unique aspects of your target community/group.

Prepare a Narrative summary that provides the following information:

- Describe the demographic, geographic, and political/cultural characteristics of your chosen priority population group.
- Describe the historical, political, economic and socio-cultural influences that will facilitate or challenge the implementation of the proposed project.
- Describe the target population(s) to be served, utilizing relevant data to describe the group needs with respect to tobacco control issues in the community. It is important to clearly demonstrate the populations’ need for the proposed tobacco control interventions by citing scientific findings specific to that population that justify the importance of the proposed activities. Information provided from local needs assessments, asset mapping activities, key informant interviews, public surveys, and focus group data are highly desirable.

b. Scope of Work Summary

The Scope of Work Summary is an outline of what you will include in your Scope of Work. Follow the summary instructions as appropriate for each objective included in the Scope of Work.

Include the following details for each objective that addresses **Required Component 1: Provide Technical Assistance and Training to Local Programs** and **Required Component 3: Provide Support to CDHS/TCS**:

- State the complete objective, component, and the Communities of Excellence (CX) asset.
- Provide a brief overview of the proposed interventions.
- Describe the process evaluation methods used to determine satisfaction of service delivery.

Include the following details for each objective that addresses **Required Component 2: Advocacy Campaign** and **Optional Component 4: Cessation**:

- State the complete objective, component, and CX indicator or asset.
- Provide an overview of the chosen interventions and the expected outcomes to result from the interventions.
- Provide the rationale for the chosen interventions. Explain why you selected the strategies and approaches and why you think they are appropriate and will be successful within the target population. Include use of any current literature and empirical data that helped guide you to make decisions on the chosen interventions.
- Describe the evaluation design and methodology. Include what will be measured and how you will determine the extent to which the objective was achieved.

5. Coordination = 10 POINTS

Criteria:

Funding preference will be given to those applicants that most closely address the criterion below:

- Demonstrates strong communication and collaboration skills with TCS-funded projects and other tobacco control projects.
- Demonstrates proficiency in handling technical assistance requests and conducting outreach to TCS-funded projects.
- Demonstrates that adequate communication took place with relevant agencies and groups regarding the SOW activities.
- Demonstrates non-duplication and coordination with existing projects.
- Demonstrates an evaluator provided at least four hours of consultation in the development of the SOW objectives and evaluation plans.

Instructions:

Follow the instructions for completing sections a., b., and c.

a. Communication and Collaboration (2-page maximum)

In no more than 2 pages, describe the communication and collaboration methods that will be used during the project term. Include the following descriptions on how the project plans to:

- Conduct proactive outreach to the TCS-funded agencies working with your priority population group.
- Promote technical assistance services to TCS-funded projects.
- Respond to technical assistance requests in a timely fashion. Include the prioritization process for handling technical assistance requests and the documentation and follow-up of requests.
- Obtain “buy in” or consensus from the priority population impacted by the intervention activities.
- Collaborate with others working on the same or similar intervention activities.

- Communicate and share your successes and challenges with tobacco control advocates in California and nationally.
- b. Acknowledgement of Communication with CDHS/TCS Funded Projects Form (Attachment 4)

The purpose of the Acknowledgement of Communication with CDHS/TCS-Funded Projects Form is to confirm that applicants discussed their application with appropriate LLAs and other local or statewide competitive grantees to facilitate coordination and avoid duplication. Applicants must decide how they will implement the SOW and with whom they will coordinate and/or collaborate with to achieve advocacy campaign or cessation goals.

The Acknowledgement of Communication with CDHS/TCS Funded Projects Form is to be completed by each LLA, Competitive Grantee, Statewide Project, or others that are involved in the applicant's proposed advocacy campaigns and cessation efforts or by those that may be currently conducting activities similar to those proposed. Applicants should refer to the directory of CDHS/TCS Funded Projects (e.g. LLAs, Competitive Grantees) on the CDHS/TCS website: www.dhs.ca.gov/tobacco.

Applicants should discuss with those involved the similarities with existing efforts, joint activities and potential contamination of control groups. Completed forms must be included in the application. Completed forms sent separately from the application will not be reviewed. Please note, the cities of Berkeley, Long Beach, and Pasadena are also LLAs.

- c. Letter from the Evaluation Consultant

An evaluator must participate in the development of the SOW and evaluation plans. Every application must include this letter, even if the evaluator is an internal evaluator working for the applicant's agency. The letter must include the following elements:

- Describe the evaluator's role and involvement in the development of the SOW and the evaluation component.
- Provide how many hours the evaluator spent with the applicant to get the evaluation in place.

6. Applicant Capability = 15 POINTS
(No attachment, 10 page maximum)

Criteria:

Funding preference will be given to agencies that exhibit the following qualifications:

- Demonstrates at least three years previous experience conducting culturally competent policy, advocacy, media, training, community planning, and community organization strategies resulting in community norm changes. This should also include development of educational materials, media

interventions and activities that are appropriate in terms of age, literacy level, and cultural sensitivity.

- Demonstrates the ability to start up and begin implementation within six weeks of the contract start date.
- Demonstrates that staff have training, skills, and experiences consistent with the program, evaluation, and fiscal and management needs of the project.
- Demonstrates that the evaluation consultant has completed: 1) at least one course in study design or one year of experience determining the study design for an evaluation; 2) one course in evaluation or one year of experience planning and implementing an evaluation; and 3) two courses in statistics or one year of experience analyzing data for an evaluation.
- Demonstrates effectiveness and capacity to provide tobacco education services and serve populations in areas with substantial unmet needs.
- Demonstrates at least two years satisfactory performance with administrative, fiscal and programmatic management of government grant funds, including timely and accurate submission of fiscal and program documentation, subcontracts and compliance with all state contract requirements.
- Demonstrates the ability to partially equip the project with office furniture, computers, printers, copy machines, etc., to support staff and program needs.
- Pursuant to H&S Code Section 104445, preference shall be given to current contractors that have demonstrated effectiveness and capacity in providing tobacco control services.

Instructions:

For the applicant capability section, address the following requirements in no more than ten pages.

a. Program Experience

- Describe the applicant's experience in conducting culturally competent policy, advocacy, media, training, education, community planning, and community organizing strategies, including educational materials development and media activities.
- Describe three successful community norm change interventions and their measurable outcomes facilitated by the agency.
- Describe the applicant's capability and resources to ensure timely start-up and implementation of the proposed project. Describe how the proposed project will be integrated into the agency's organizational structure.
- Describe the agency's effectiveness and capacity to provide tobacco control interventions and serve populations in areas with substantial unmet needs.
- Describe the qualifications of key program staff. Describe their educational background and previous experience with the types of activities to be conducted such as community organization, community planning, health education, report writing, media advocacy, policy promotion, program evaluation, etc. **Do not attach resumes.**

b. ~~Evaluation~~ Experience Profile

~~Describe the staff or consultant primarily responsible for designing and planning evaluation activities through the completion of the form for the Local~~

~~Program Evaluators Directory. This directory is available online at: www.dhs.ca.gov/tobacco. Print the report from the directory and include the pages for the designated evaluator with the application. Note: The printed pages from the directory do not count as the ten pages in your maximum page count for this section.~~

b. Administrative/Fiscal Experience

- Describe the applicant's current administrative staffing pattern for activities such as payroll, bookkeeping, invoicing, and general tracking of administrative and fiscal controls. Describe the qualifications of key fiscal staff, including a description of the staff's experience with monitoring government grant funds. **Do not attach resumes.**
- Describe the applicant's history in the last two years managing state government grant funds. Include in the description the funding agency, the amount received, and how the grants were managed, (e.g., were the grant deliverables accomplished, progress reports, and invoices submitted timely, and were fiscal records in good standing?)
- Describe the applicant's internal audit history in the past two years. Describe the frequency of audits, date of last audit, and a summary of the major findings from the last audit.
- Indicate if the applicant has been audited by a State agency within the last two years. If yes, list: 1) the name of the State agency; 2) State agency contact person and phone number; 3) the year the audit was conducted; and, 4) the outcome of the audit. CDHS/TCS reserves the right, at its sole discretion, to follow up with references to confirm the audit history.

c. Equipment

Due to limited funds, there will be no equipment approvals for this RFA process. Therefore, agencies must have adequate equipment available for use in this proposed project.

Describe the office and computer equipment the applicant has available for use in this project. Include in the description: a) the number and type of equipment available, e.g., desks, chairs, typewriters, facsimile machines, personal computers, printers, etc.; b) whether or not the computers have modems and communications software; c) the software packages your agency uses for word processing, spreadsheets, databases, etc.; and, d) approximately when the computer equipment was purchased, and its availability for use in this project, if funded.

d. Evaluation Profile

Describe the staff or consultant primarily responsible for designing and planning evaluation activities through the completion of the form for the Local Program Evaluators Directory. This directory is available online at: www.dhs.ca.gov/tobacco. Print the report from the directory and include the pages for the designated evaluator with the application. Note: The printed pages from the directory do not count as the ten pages in your maximum page count for this section.

- 3) CDHS/TCS Statewide Workgroup Involvement
 - a) Currently, CDHS/TCS convenes Statewide Workgroups that address SHS, point-of-sale practices, alternative tobacco products, and countering tobacco sponsorship. CDHS/TCS will develop a new Statewide Workgroup to address Priority Population issues. Each Partnership must identify at least one staff person to serve as a workgroup member for any of the Statewide Workgroups when called upon by CDHS/TCS to do so. In addition to providing his or her own expertise to the workgroup, this person shall proactively bring the Partnership's perspective, issues, and needs to the workgroup. The person selected should have a strong interest in the workgroup issue.
- 4) Communities of Excellence (CX) Priority Populations Assessment Guides
 - a) Partnerships will assist CDHS/TCS in reviewing drafts and providing feedback on the new Priority Populations-focused community assessment guides. Attendance of two to three meetings and/or teleconferences will take place in 2004-2005.

Optional Component 4: Cessation (CX Cessation Indicator or Asset chosen by applicant). Cessation is an optional component. It is up to the applicant to decide on whether or not to include an objective(s) that focuses on delivery of these services.

- One or more objectives addressing cessation services can be included in the SOW.
- Objectives and activities proposed must complement rather than duplicate efforts funded by CDHS/TCS, state and local Proposition 10 activities, MSA activities and services available via the Internet.
- It is preferred that Objectives ~~are to~~ focus at the level of making system changes versus the provision of direct cessation services to tobacco users. ~~Some direct cessation services are permitted that do not duplicate the cessation services provided by the California Smokers' Helpline or LLAs.~~
- Objectives are to be outcome focused and evaluated for their effectiveness.
- Interventions may focus on facilitating integration of smoking cessation services within maternal and child health programs.
- Interventions may focus on working with health insurers and healthcare service providers to develop institutional policies in support of smoking cessation, (e.g., reimbursement practices, clinical and systems procedures, incentives for providers, and clinical education about providing cessation services.)
- Interventions may include working with healthcare providers to develop office-wide systems to ensure that every patient at every visit is asked about their tobacco use status and the information is systematically documented in their medical record as routinely as vital signs data are recorded.

b. **Guidelines for Completing the SOW**

- 1) The eight-column SOW format must be used by all applicants to ensure consistency for review purposes by CDHS/TCS staff and reviewers. **Plans presented using a format other than that described below will NOT be reviewed.**
- 2) Carefully follow the SOW requirements and preferences for funding. Provide all the required information and the detail necessary to make the proposed project clear. Applicants must provide all the required information as detailed in the instructions provided in this document.
- 3) The SOW provides the basis for grant negotiations, and along with the Budget, becomes a legally binding document. The SOW is referenced in the grant and is the "road map" that provides the direction, activities, and expected outcomes of the project. The approved SOW and any subsequent revision is incorporated and made part of the grant. The SOW can only be changed with prior approval from CDHS/TCS.
- 4) The Budget and Budget Justification should closely correspond to SOW activities, deliverables, and timelines. For example, if production of a radio ad is described in the SOW, funds should be budgeted for creative development, production, and placement of the ad. If promotional items are to be distributed to the target audience, these should also be described in the SOW and Budget.

c. **Format for the SOW**

Format the SOW using the following instructions. Refer to Appendix F for sample format. See Attachment 5 for a blank form of Scope of Work. A complete format/template is also available online at the CDHS/TCS website at: www.dhs.ca.gov/tobacco. Please note, CDHS/TCS anticipates competitive grant applications will transition into the Online Tobacco Information System (OTIS) in January 2005. To facilitate the transfer of the SOW, including evaluation, you are required to provide information in the format prescribed below.

- 1) Header Information: The header information must be included on every page. Include your agency name and project name. The contract term is July 1, 2004 to June 30, 2007. The revision date is the date the plan is submitted to CDHS/TCS (March 5, 2004). Leave the grant number and Progress Report Period blank.
- 2) Component: State the component that the objective will address.

3) Required CDHS/TCS Travel/Training

- a) Project Directors' Meeting (PDM): This event (generally every 18 months) is typically a four day conference for two to three program and evaluation staff. Budget this expense in FY 2004-05 (spring 2005) and FY 2005-06 (spring 2006). **The PDM is expected to be held in the Spring of 2005 in Sacramento, California.**

Budget \$1,200 per person (\$1,000 for travel/per diem and \$200 for registration) for a maximum of two to three program and evaluation staff to attend.

- b) CX Training:
Budget \$750 per person for 1-2 staff to attend the CX training in FY 06/07 (fall 2006).
- c) LLA Guidelines Information Meeting:
Budget \$750 per person for one to two staff and the project evaluator to attend the Information Meeting in FY 2006-07 (winter 2007).

4) Out-of-State Travel

Identify any possible out-of-state trips. Include the amount budgeted, number of staff, and purpose. All out-of-state travel not approved through this budget process will require written CDHS/TCS approval. However, final approval of any out-of-state travel will be contingent upon participating in the conference as a presenter, panel member, speaker, etc.

- a) National Conference on Tobacco or Health (**optional**)
Agencies budgeting for this conference must be session presenters at the conference in order to attend. Agencies must submit to CDHS/TCS the documentation from the National Conference Committee to verify agency participation.

Budget \$1,400 per person (\$1,100 travel/per diem and \$300 registration) for one to two program staff to attend the National Conference in FY 2004-05. The 2004-2005 National Conference on Tobacco or Health that will be held in Chicago, Illinois, on May 4-~~56~~, 2005.

- b) World Conference on Tobacco or Health (**optional**)
Budget \$1,400 per person (\$1,100 travel/per diem and \$300 registration) for one to two staff to attend the World Conference on Tobacco or Health. Budget Year three only, 2006-07. The Conference will be held in Washington, D.C., on July 12-15, 2006.

f. Subcontracts and Consultants

Note: Item 1) must appear in every Budget Justification. If there are no expenses related to this line item, please enter zero.

- 1) Mini-Grants provide a flexible funding mechanism that allows for quick response to opportunities within the community. Mini-Grants can be awarded for amounts not to exceed \$5,000 and are for operating expenses and temporary help only. Personnel costs are not allowed. Mini-Grants must be used for activities that support the CDHS/TCS priority areas. Provide a brief description of the areas that mini-grants might cover, the dollar amount, and estimated number of mini-grants to be awarded for the contract term. General mini-grant programs are not permitted under this RFA.
- 2) Subcontracts are usually for long term projects needing salaried positions, indirect costs, etc. The subcontractor should provide a specialized task that is directly related to the project's activities. The subcontractor's salary should not exceed those paid to state personnel for similar positions/classifications (See Appendix I for a list of Comparable State Civil Service Classifications).

NOTE: Subcontractor indirect costs shall not exceed 25 percent of their Personnel Expenses (Personnel Costs plus Fringe Benefit line item amounts).

The concept of subcontracts in the RFA will be reviewed by the assigned application reviewers. If approved and prior to reimbursement, CDHS/TCS must review and approve subcontract agreements costing \$5,000 or more. Refer to Chapter 600 of the Competitive Grantees Administrative and Policy Manual for more information.

List the subcontract(s) that will provide a specialized task that is directly related to the project's activities. Make sure the subcontractors listed in the Budget Justification are also referenced in the SOW. For each subcontractor provide the name of the individual or agency, a description of activities to be performed, period of time, and total cost for services. List each subcontract separately on the Budget page (See Appendix G, Budget Sample).

Additionally, for each subcontractor listed, prepare and submit a separate line item Budget and Budget Justification using the format provided in Appendices G and H. However, a narrative that describes the activities to be performed and a budget amount may be submitted if the subcontractor is unknown at this time.

APPLICATION CHECKLIST

The following attachments and components must be completed and submitted in the order shown here. Applications that are missing any of these attachments or components will be considered non-compliant and will not be reviewed. Please note that you are not required to submit the Application Checklist.

<u>Attachments and Components</u>	<u>Check Mark</u>
• One Original Application	_____
• 6 copies of the entire Application	_____
• 6 additional copies of the Narrative and Scope of Work Summary	_____
➤ • Application Cover Sheet (Attachment 1)	_____
• Application Checklist (Attachment 2)	_____
• Table of Contents (Attachment 3)	_____
• Narrative and Scope of Work Summary (No Attachment, 10 page limit)	_____
• <u>Coordination</u>	_____
• Coordination Description (No Attachment, 2 page limit)	_____
⇒ • Acknowledgement of Communication with CDHS/TCS Funded Projects Form (Attachment 4)	_____
• Letter from the Evaluation Consultant	_____
• <u>Applicant Capability</u> – (No Attachment, 10 page limit, not including Evaluation Profile and Letters of Reference)	_____
• <u>Program Experience</u>	_____
• Administrative/Fiscal Experience	_____
• Equipment	_____
• Evaluation Profile	_____
• Letters of Reference (3 required)	_____
• Scope of Work (Attachment 5)	_____
• Budget (No Attachment)	_____
• Budget Justification (No Attachment)	_____
➤ • Drug-Free Workplace Certification (Attachment 6)	_____
➤ • Agency Documentation Requirements (Attachment 7)	_____
• Proof of Non-Profit Status (No Attachment)	_____
➤ • Certification of Non-Acceptance of Tobacco Funds (Attachment 8)	_____

NOTE: ➤ DENOTES THE DOCUMENT REQUIRES A SIGNATURE BY THE PERSON AUTHORIZED TO BIND THE APPLICANT AGENCY. READ THE DOCUMENTS AND ALLOW TIME TO OBTAIN THE REQUIRED SIGNATURE.

NOTE: ⇒ DENOTES THE DOCUMENT REQUIRES THE SIGNATURE OF THE TOBACCO CONTROL PROGRAM DIRECTOR COMPLETEING THE FORM.

Exhibit A

Scope of Work

Agency Name
Contract Number

Project Name:		Revision Date:			Report Period:		
Objectives/Activities/Evaluation	©	%	Start/ End Date	Who Is Responsible	Tracking Measures	For Progress Report Use Only	
						Document Number/ Letter	Actual Date(s) Completed
Component:							

+ Indicates a change

+ On file in office

Page __ of __

Scope of Work

Agency Name
Contract Number

Instructions

Project Name:	Revision Date:				Report Period:		
Objectives/Activities/Evaluation	©	%	Start/ End Date	Who Is Responsible	Tracking Measures	For Progress Report Use Only	
						Document Number/ Letter	Actual Date(s) Completed
Component: State the required or optional component the objective will address.							
<p>In outline format, state an objective and following each objective, include the CX indicator or asset number that the objective addresses. Describe the interventions to be implemented to achieve the objectives. Use intervention category headers as you describe activities. Immediately following the description of the intervention activities, describe the outcome evaluation plan.</p> <p>1. Outcome Specific Objective: The objectives should be measurable and clearly identify the expected result or outcome. It should state how much change will occur, for what target group, when the objective will be met and what location. A good objective is measurable, quantifiable, and time limited. Objective should also identify the Indicator or asset being addressed.</p> <p><i>Example: By 6/30/07 the City of OZ will enact a policy to license tobacco retailers. (CX Indicator 3.2.1)</i></p> <p>A. Intervention Categories: Group activities under major intervention categories: Community Education; Coordination/Collaboration; Educational Materials Development; Incentive Items; Media; Mini-Grants; Policy; Promotional Items; School-based Education; Sponsorship; and Training/Technical Assistance, with activities listed chronologically within each category.</p> <p>B. Intervention Activities: Use an outline format to describe the activities to be conducted to achieve the objective. Describe the planning, collaboration, educational, policy, media and training activities used to achieve the objective. List these in chronological order. The description should describe your target group, what will be done, and how much will be done. This should include the steps, methods and strategies to educate and mobilize the community. The intervention may include: meetings, presentations, trainings, letter writing campaigns, press conferences, materials development, etc.</p> <p><i>Example:</i> <u>Community Education</u> 1. Conduct 2-4 community forums on tobacco retailer licensing with participation from law enforcement, youth, parents and other interested parties. Topics to be addressed will include the problem of illegal sales of tobacco products, solutions, and action steps.</p> <p>Outcome Evaluation Activities: Describe the evaluation design, methodology, data collection and analysis, and plan for disseminating evaluation findings.</p>	<p>Indicate if the activity involves development of a product such as a brochure, poster, ad, manual, etc. for which there should be a copyright by placing the sign "©".</p>	<p>For each program deliverable, indicate a percent between 0.5% and 100% that reflects the value or percent of effort by staff and budget. Total %s assigned may not be less than or greater than 100%.</p>	<p>List the progress report periods during which each program and evaluation activity is expected to start and end. The progress report periods are: 07/03-12/03 01/04-06/04 07/04-12/04 01/05-06/05.</p>	<p>Identify who is responsible for conducting or participating in the major activities. This may include staff, coalition members or community volunteers, evaluation consultant, etc.</p> <p>Please list the position title. If using acronyms, please indicate what the acronym stands for.</p>	<p>Describe the tracking measures which document that the process oriented activities were completed.</p> <p>Examples of tracking measures include: sign-in sheets, press releases, survey instruments, evaluation reports, etc. Some tracking measures, such as meeting notes, individual registration forms completed, and others may be kept "on file in office." Place a plus sign (+) beside the tracking measure you would like to keep on file in your office. <u>These items must be on file in the event of an audit</u></p>		

+ On file in office

Page__ of __

BUDGET SAMPLE

Name of Grantee: ABC Community Agency									
Grant Number: 04-xxxxx									
Term: 7/1/04-6/30/07					Revision Date:				
	PAY PERIOD	#of Pay Periods Per Year	Salary Range	% of time or Hours per PP	YEAR 1 7/1/04-6/30/05	YEAR 2 7/1/05-6/30/06	YEAR 3 7/1/06-6/30/07	Total Budget	
A. PERSONNEL COSTS									
1. Project Director	S	24	\$4,220-\$5,274	100					
2. Project Coordinator	S	24	\$3,840-\$4,801	100					
3. Health Educator	S	24	\$3,193-\$3,980	100					
4. Project Assistant	S	24	\$3,130-\$3,805	100					
5. Secretary	H	24	\$2,525-\$3,072	100					
Total Personnel Costs:									
B. FRINGE BENEFITS @ XX%-XX% of Total Personnel Costs									
TOTAL PERSONNEL EXPENSES:									
C. OPERATING EXPENSES									
D. EQUIPMENT EXPENSES									
E. TRAVEL/PER DIEM and TRAINING									
F. SUBCONTRACTS AND CONSULTANTS									
1. Mini-Grants									
2. Evaluation Consultant									
3. ABC Company									
TOTAL SUBCONTRACTS AND CONSULTANTS:									
G. OTHER COSTS									
1. Educational Materials									
2. Promotional Items									
3. Incentives									
4. Media									
5. Sponsorship									
6. Use additional line items if necessary									
TOTAL OTHER COSTS:									
H. INDIRECT EXPENSES @ XX%-XX% of Total Personnel Expenses									
TOTAL EXPENSES:									

Grant Writing Basics

Fine Tuning Your Scope of Work
&
Budget Essentials

Fine Tuning Your Scope of Work



Building Your Travel Itinerary

- **CX Indicators and Assets:** Describes the Destination Selected.
- **Objectives:** Identifies where you are going, when you plan to arrive and how you know you have arrived.
- **Program Interventions:** Describes your best route to get there.
- **Program Activities:** Describes how you will get to your destination.

Travel Itinerary Details

- **Timelines** - Identify the length of time you will spend at various points along the way.
- **Who is Responsible** - Identify the people responsible for various tasks on the trip.
- **Tracking Measures** - Describe the souvenirs that you are going to collect and save for your scrapbook.

Was it a good trip?

- **Evaluation Design and Activities**
Describes the plan for documenting the trip, making adjustments along the way, and sharing your trip with others. May also include what other route you may want to try or provide ones that folks should avoid.

Status Upon Arrival

- The Partnerships, Advisory Committees, and the priority populations served agree that important work was accomplished.
- The trip can be defended by community leaders and funding source.
- Resources were used efficiently.
- Positive relationships were maintained.
- Accomplished meaningful public health gains for priority populations.



Outcome Objectives

- Should describe:
 - Who or what is expected to change or benefit?
 - What/how much change or benefit is expected?
 - Where will the change occur?
 - When will the change occur?



Outcome Objectives

- Example:
By June 30, 2007, at least 5 multi-unit housing developments in the Riverview Region will adopt and enforce a voluntary policy that designates common outdoor areas (e.g. playgrounds, pools, walkways, etc.) as smoke-free.



Outcome Objectives

- Example:
When = *By June 30, 2007*
Who = *at least 5 multi-unit housing developments*
Where = *Riverview Region*
What = *adopt and enforce a voluntary policy that designates common outdoor areas (e.g. playgrounds, pools, walkways, etc.) as smoke-free*



Key Questions to Keep in Mind When Building the SOW

- Is my Advocacy Campaign designed to facilitate norm change by focusing on significant issues in the target community? Is it supported by data?
- Are culturally and linguistically appropriate strategies used?
- Are the interventions chosen likely to achieve my objectives?
- Have I address the required components and the required sub-activities of the components?



Key Questions to Keep in Mind When Building the SOW

- Have I included a well-organized and detailed road map that describes:
 - how much will be done,
 - where activities will take place,
 - what will be done,
 - who will do the work,
 - appropriate and reasonable tracking measures, and
 - a realistic evaluation plan for each objective?



Evaluation

- Again, refer to the CDHS/TCS website for the "Local Program Evaluation Planning Guide" for assistance with your evaluation plans.
- Match the evaluation to the objective!
- Utilize your evaluator.
- Choose appropriate evaluation designs.



Common Mistakes in SOWs

- Percent deliverables assigned incorrectly.
 - Providing an incentive is not a deliverable, developing one can be
 - Coordination generally not a deliverable
- Use "policy" versus "ordinance"
- Quantify! List number, length, amount, etc.
- No ranges in objectives, but okay for activities
- Activities in the wrong intervention categories
- Technical assistance has to be quantified in order to justify it as a deliverable (# of hours)
- Spell out ACRONYMS
- Budget & SOW should match (includes staff responsible titles)
- Understand CDHS/TCS policies related to promotional and incentive items, and others.



You are on your way with your Itinerary...

Now let's review the budget for our journey!



Budget Essentials

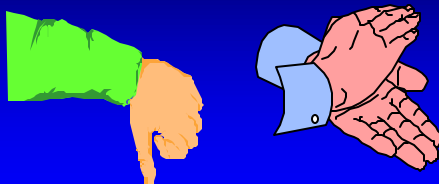


PURPOSE OF BUDGET JUSTIFICATION

- The budget justification supports the Scope of Work **AND**
- The budget justification is a separate document and must be able to stand on its own merit





JUSTIFICATIONS





PERSONNEL

-  **Project Director**
 - Year 1
 - \$4,225.68 month X 100% X 12 months
 - Year 2
 - \$4,436.96 month X 80% X 12 months
 - Year 3
 - \$4,658.81 month X 90% X 12 months
-  **Project Director**
 - \$4,225-\$4,659 month X 80%-100% X 36 months



PERSONNEL

-  **Health Educator:** ...The Health Educator carries out all the activities in the Scope of Work.
-  **Health Educator:** Under the supervision of the Project Director, the Health Educator collaborates with county partners (local law enforcement, merchants, educators, chambers of commerce, etc.) to implement second-hand smoke activities, ...



FRINGE BENEFITS

-  **35% of Personnel and Fringe Benefits. Cost include Social Security (FICA), retirement contributions, group medical/dental/vision, UI & workers comp. insurance, vacation, sick leave, jury duty, etc. leave.**
-  **30-40% of Personnel and Fringe Benefits. Cost include Social Security (FICA), retirement contributions, group medical/dental/vision, UI & workers comp. Insurance.**




OPERATING EXPENSES

-  **Office Expenses:** Purchase of routine office supplies.
-  **Office Expenses:** Purchase of office supplies to maintain the tobacco control program. These consist of pens, pencils, markers, highlighters, copy paper, staples, post-its, tape, paper clips, white-out tape, batteries, etc.




TRAVEL/PER DIEM & TRAINING

-  **Out-of-State Travel:** Staff will attend the World Conference being held in Washington, D.C. in FY 2006-07. \$2,400
-  **Out-of-State Travel:** The Project Director and Health Educator will attend the World Conference being held in Washington, D.C. in FY 2006-07. Both staffers have been invited to speak at the conference in the area of second-hand smoke policy adoption. Cost is \$1,200 per person X 2 staff = \$2,400 to be budgeted in FY 2006-07.

SUBCONTRACTS & CONSULTANTS

-  **The Evaluator carries out all the activities in the SOW.**
-  **The Evaluator provides assistance with the evaluation component of the tobacco education plan.**
-  **The Evaluator will survey the present levels of compliance with AB 13, self-service display laws, and children living in smoke-free homes and cars. Later, the Evaluator will evaluate the effectiveness of the activities at reducing the % of homes and cars that are smoke-free, and reducing the % of businesses that are out of compliance with AB 13 and self-service display laws....**

OTHER COSTS

-  **Incentives will include pens,**
-  **T-shirts, gift certificates and CDs. \$4,000**
-  **Incentives will be provided to: participants of cessation classes who are smoke-free at the end of the last class session (e.g., T-shirts, gift certificates); and families attaining a smoke-free car/home (e.g., plaques and gift certificates). Incentives will not exceed \$50 per person per year and will not include cash payments.**



INDIRECT EXPENSES



- Indirect expenses are budgeted at 25% of Personnel and Fringe Benefits.



- Indirect expenses include County anticipated indirect costs for the TEP at a rate of 18%-25%. Costs include administrative costs; a portion of personnel, county counsel, accounting and payroll services departments; auditing expenses; insurance; utilities and building maintenance.